

A Place To Grow
Permission To Administer Medication

Child's Name: _____ **Name of Medication:** _____

Dosage: _____ **Times to be given:** (must list specific time or condition that is present in order to administer the medication) _____ **Dates to be given:** _____

Parent's Signature: _____

Are there any side effects or special instructions that we should be aware of?

	Monday	Tuesday	Wednesday	Thursday	Friday
Name of Medication					
Dosage Given					
Time Given					
Date					
Signature of person administering medication					

This medication form must be completed before any medication is administered in the center.